

AO 440 (Rev. 06/12) Summons in a Civil Action

## UNITED STATES DISTRICT COURT

for the

District of Oregon

Susan K. Swango

*Plaintiff(s)*

v.

NATIONSTAR SUB1 LLC; et al.,

*Defendant(s)*

Civil Action No. 3:17-cv-01338-MO

FILED 8 NOV 17 14:15 USDC-ORF

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* FIDELITY NATIONAL TITLE INSURANCE COMPANY  
 c/o Chief Financial Officer  
 200 E Gaines Street  
 Tallahassee, FL 89134

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Susan K. Swango  
 8350 NE Hendricks Road  
 Carlton, OR 97111

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: SEP 27 2017

MARY L. MORAN

CLERK OF COURT

Signature of Clerk or Deputy Clerk

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Civil Action No. 3:17-cv-01338-MO

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Fidelity NATIONAL Title INS. Co.  
 was received by me on *(date)* 10-11-17

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: FIRST CLASS MAIL AND Certified MAIL Return  
Receipt Requested NO. 7016 0750 0000 2261 1985  
PER FRCP 44 AND DRCP 7. See ATTACHED

My fees are \$ -0- for travel and \$ -0- for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date:

11-5-17Thomas B Birch

Server's signature

Tom BIRCH

Printed name and title

\_\_\_\_\_  
Server's address

Additional information regarding attempted service, etc:

7016 0750 0000 2261 1985

**U.S. Postal Service™**  
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☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ **2.66**

Total Postage and Fees \$ **8.74**

Postmark  
Here

Sent To

Street and A: FIDELITY NATIONAL TITLE INSURANCE CO.  
c/o Chief Financial Officer  
200 E Gaines Street  
City, State, ZIP: Tallahassee, FL 89134

PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

FIDELITY NATIONAL TITLE INSURANCE CO.  
c/o Chief Financial Officer  
200 E Gaines Street  
Tallahassee, FL 89134



9590 9402 1512 5362 5877 20

## 2. Article Number (Transfer from service label)

7016 0750 0000 2261 1985

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

United States  
Postal Service

9590 9402 1512 5362 5877 20

\* Sender: Please print your name, address, and ZIP+4® in this box\*

Tom Birch  
8350 N.E. Hendricks Road  
Carlton, OR 97111

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